U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8333	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Richard M McLaughlin	Name Laborers' Int. Union of N. America Local 42		
	Labor Organization File Number 022-166		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 18 Freedom Way	Street 3710 Enright Ave.		
City St. Charles	City St. Louis		
State Missouri ZIP Code +4 63303	State Missouri ZIP Code + 4 63108		
5. Position in labor organization. Recording Secretary			
	isions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
	7.a. Nature of Interest, Transaction, or Income.		
Name			
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this poprt (including the information contained in any accompany)	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Richard McLaughlin	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Missouri Valley Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 500  Street 135 N. Meramec  City St. Louis  State Missouri ZIP Code + 4 63105	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name St. Louis Const. Laborers' Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2357 59th Street  City St. Louis	Financial Consultant  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income receives	
State Missouri ZIP Code + 4 63110	May 12, 2004 - Dinner \$85.00	
State Missouri ZIP Code + 4 63110	May 12, 2004 - Dinner \$85.00  12.b. Amount.	\$85
State Missouri		Months of the second of the se
State Missouri ZIP Code + 4 63110  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount.  r parts A and B above)	The contract of the contract o
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.  r parts A and B above)	And contraction to the property of the contraction
C. Received from any employer (other than an employer covered unde	12.b. Amount.  r parts A and B above) or other thing of value.	Section and the section of the secti
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.  r parts A and B above) or other thing of value.	Section of the sectio
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.  r parts A and B above) or other thing of value.	\$85.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.b. Amount.  r parts A and B above) or other thing of value.	The state of the s
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount.  r parts A and B above) or other thing of value.	AND
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount.  r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.b. Amount.  r parts A and B above) or other thing of value.	Professional and the second se

Name of Person Filing Richard	McLaughlin	File Number <b>U</b> -	
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).  Name The Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 101 North Wacker Drive  City Chicago  State Illinois ZIP Code + 4 60606	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name St. Louis Const. Laborers' Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2357 59th Street  City St. Louis  State Missouri ZIP Code + 4 63110	Consultant  11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	9/10/04 \$70.00 Lunch	
	12.b. Amount.	\$70

Name of Person Filing	Richard	McLaughlin
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# Part B Continuation Page

	T	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Commerce Bank	a. Labor Organization	
Trade Name, if any:	d. Last. Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 8000 Forsyth	c. Employer	
City St. Louis		
State Missouri ZIP Code + 4 63105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name St. Louis Const. Laborers' Pension Fund	Financial Consultants	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2357 59th Street		
City St. Louis		
State Missouri ZIP Code + 4 63110	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	July 23, 2004 Baseball Game \$160.00 Sept. 4, 2004 Baseball Game \$160.00 Dec. 1, 2004 Dinner \$93.00	
!	12.b. Amount.	\$413

Name of Person Filing	Richard	McLaughlin
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# Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consult	ant to an empioyer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consult	ant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consulte	ant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State  State  State		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Richard McLaughlin	File Number <b>U-</b>

# Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name St. Louis Const. Laborers' Pension Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2357 59th Street	c. Employer	
City St. Louis		
State Missouri ZIP Code + 4 63110		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Educational Meeting	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	TOTO CONTROL TO BOTH THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STATE OF THE TOTAL STA
	11/31/04 - 12/5/04 Hotel \$846.00 Meeting Registration Fee \$1,200.00 Daily Expense Total \$703.00 Air Fare \$323.00	
	12.b. Amount.	\$3.072

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### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name St. Louis Const. Laborers' Pension Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2357 59th Street	c. Employer	
City St. Louis		
State Missouri ZIP Code + 4 63110		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	MANAGES .
Name Trade Name, if any:	Educational Meeting:	
Trade Name, II any.		
P.O. Box, Bldg., Room No., if any		
Street		
City International Control of Con		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	09/09/04 - 09/11/04 Hotel \$501.00 Daily Expense Total \$150	
	12.b. Amount.	\$651

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Name of Person Filing	Richard	McLaughlir
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# Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Laborers'-AGC Training Center	a. Labor Organization	
Trade Name, if any:	an Edsor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 35 Opportunity	c. Employer	
City High Hill		
State Missouri ZIP Code + 4 63350		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Training for Members	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.  Jacket - \$38.00	
	12.b. Amount.	\$38